

## BUDGET SUMMARY FORM

BUDGET CATEGORY:	Child Abuse	Domestic Violence	Sexual Assault	Underserved	Total
<b>PERSONNEL: (LIST EACH POSITION TO BE FUNDED)</b>					
A. _____ N or E					
B. _____ N or E					
C. _____ N or E					
D. _____ N or E					
E. _____ N or E					
SUBTOTAL					
<b>FRINGE BENEFITS:</b>					
A. FICA					
B. Unemployment Insurance					
C. Health Insurance					
D. Workers' Compensation					
E. Other (Specify) _____					
SUBTOTAL					
<b>TRAVEL:</b>					
A. Local Transportation					
B. Other (Specify) _____					
SUBTOTAL					
<b>SUPPLIES AND COMMUNICATIONS:</b>					
A. Supplies (specify in budget narrative)					
B. Telephone Hotline (24-hr number)					
C. Postage					
D. Printing					
SUBTOTAL					
<b>FACILITY COSTS:</b>					
A. Rent					
B. Utilities					
C. Other (Specify) _____					
SUBTOTAL					
<b>EQUIPMENT:</b>					
A. Equipment/Other Fixed Assets					
B. Equipment Repair Maintenance					
C. Furniture					
SUBTOTAL					
<b>CONTRACTUAL SERVICES:</b>					
A. _____					
B. _____					
C. _____					
SUBTOTAL					
<b>OTHER:</b>					
A. Direct Asst. for Victims (specify in budget narrative)					
B. Training Costs (specify in budget narrative)					
C. _____					
SUBTOTAL					
<b>TOTAL PROPOSED GRANT PROJECT:</b>					

1. Total Proposed Grant Project \_\_\_\_\_
2. Federal VOCA Request (80% of total proposed grant; 95% if Native American Org.) \_\_\_\_\_
3. Non-Federal Match Amount (20% of total proposed grant; 5% if Native American Org.) \_\_\_\_\_
4. Match Source: Cash \_\_\_\_\_  
OR In-Kind \_\_\_\_\_

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL: \_\_\_\_\_